in Native Americans, and 1.5 more likely in Asian Americans than in White Americans. Patients of color also wait longer than White patients to receive a deceased donor transplant and are less plant.

While progress is often too slow, in the past year alone, we have made significant steps to understand and address factors leading to the overrepresentation of certain populations with chronic kidney disease. Following research from the National Kidney Foundation and the American Society of Nephrology, institutions like the University of Maryland Medicine ended the outdated use of race as a factor in diagnosing chronic kidney disease. This change will lead to earlier diagnosis and treatment of Black Americans.

Not surprisingly, the COVID-19 pandemic has had a devastating impact on those with severe chronic medical conditions like kidney disease. Patients with chronic kidney disease or endrenal disease are often immunocompromised, especially those on dialysis or taking immunosuppressive medicines as part of the process for a kidney transplant. Consequently, people with kidney disease are at a higher risk of developing a more severe case of, and dving from. COVID-19.

Last year, I reintroduced the Chronic Kidney Disease Improvement in Research and Treatment Act with Senator Blunt. This legislation takes important steps to expand kidney disease awareness and education, improve the accuracy and transparency of end-stage renal disease quality programs, incentivize innovation in dialysis care, and expand patient choices of insurance coverage.

Nearly one-half of the people suffering from chronic kidney disease do not know they have kidney disease because of inadequate screening programs and a lack of awareness about the disease. My legislation would expand Medicare's annual wellness benefit to include kidney disease screening for at-risk patients and improve access to pre-dialysis kidney education programs to better manage patients' kidney disease—an effort that, in some cases, could actually prevent kidney failure and reduce the \$153 billion Medicare spends on care for kidney patients

To address health equity issues in chronic kidney disease, my legislation would also require the Department of Health and Human Services to submit a report to Congress on national kidney transplantation rates and make recommendations on prevention and treatment for communities disproportionally affected by kidney failure.

Further, my legislation would expand choices in health insurance coverage to those with end-stage renal disease by guaranteeing access to Medigap policies to all end-stage renal disease Medicare beneficiaries, regardless of

age. Currently, Medicare patients under 65, whether disabled or end-stage renal disease beneficiaries, do not have access to Medigap plans, even though Medicare is their primary insurance.

The best treatment for kidney failure is kidney transplantation from a living donor, but only a third of kidney transplants are of this type. Over 100,000 Americans are on the transplant waitlist with 90,000 of them waiting for a kidney. Only 24,000 kidneys were transplanted in 2021. The average wait time for a deceased donor kidney transplant is 5 years but can be as long as 10 years in some States. But with the direct donation from a living donor, the average time is 3-6 months. Sadly, 114 patients in Maryland died while on the waitlist in 2021. This is why I am also a cosponsor of the Living Donor Protection Act, which works to remove barriers to organ donation and protect the rights of and prohibit discrimination against organ donors, with the goal of increasing the number of living donors.

scientific under-Although the standing of kidney disease has progressed immensely, significant gaps persist, and treatment has remained largely the same. Research on kidney failure is underfunded compared with the costs of treating chronic kidney disease and end-stage renal disease. I am proud of what the National Institutes of Health and other Marylandbased research institutions have done to combat kidney disease and other kidney-related illnesses. There is more to do, however, and I look forward to working with my colleagues to fight kidney diseases and bring relief to the millions of Americans who suffer from

TRIBUTE TO GENERAL KENNETH FRANKLIN MCKENZIE, JR.

Mr. SHELBY. Mr. President, I rise today to honor U.S. Marine Corps General Kenneth Franklin McKenzie, Jr., commander of U.S. Central Command, MacDill Air Force Base, Tampa, FL. General McKenzie is one of our Nation's finest military officers, and he will retire from Active military service on April 1, 2022, with nearly 43 years of distinguished service to our great Nation

General McKenzie, a native of Birmingham, AL, graduated from The Citadel in 1979 and was commissioned into the Marine Corps as an infantry officer. During his distinguished career, General McKenzie commanded at the platoon, company, battalion, Marine Expeditionary Unit, service component, and combatant command levels. As a lieutenant colonel, he commanded First Battalion, Sixth Marines. As the commanding officer of the 22nd Marine Expeditionary Unit (Special Operations Capable), he led combat deployments to Afghanistan in 2004 and Iraq from 2005 to 2006. From 2006 to 2007. General McKenzie served as the Military Secretary to the 33rd and 34th Commandants of the Marine Corps.

As a general officer, he served on the Joint Staff as a Deputy Director of Operations within the National Military Command Center. He was also selected by the Chairman of the Joint Chiefs of Staff to be the Director of the Chairman's New Administration Transition Team, where he coordinated the efforts of the Joint Staff and the combatant commands during a wartime transition of administrations. General McKenzie later assumed command of the U.S. Marine Corps Forces, Central Command, and most recently took command of U.S. Central Command, a position he has held since 2019.

General McKenzie is an honors graduate of the Army Armor Officer Advanced Course, Marine Corps Command and Staff College, and the School of Advanced Warfighting. In 1999, he was selected as a commandant of the Marine Corps Fellow and served as a senior military fellow within the Institute for National Strategic Studies at the National Defense University.

At a time of great uncertainty in the world, particularly in the Middle East, General McKenzie led U.S. Central Command through multiple momentous events while deterring Iran, defeating ISIS, and securing the region. General McKenzie is an exceptional leader, selfless servant, and American patriot who is committed to our Nation and our interests. With profound admiration and deep respect, we pay tribute for all he has done for the defense of our Nation for more than four decades.

Today, I am honored to recognize General McKenzie's long and decorated career. On behalf of a grateful nation, I commend General McKenzie for his dedicated service to the United States of America. I also wish to recognize the sacrifices and contributions made by General McKenzie's wife, Marilyn, as well as their son, K.R., daughter-inlaw, Kristin, and two grandsons, Noah and James. We are a nation truly indebted to all of the servicemembers, veterans, and military families who continue to give so much to defend our American values and liberties, I extend my best wishes to General McKenzie and his family on the occasion of his retirement

TRIBUTE TO JIM LAZARUS

Mrs. FEINSTEIN. Mr. President, I rise today to pay tribute to a friend and senior member of my team, Jim Lazarus, upon his recent retirement from public service. Jim has been a key adviser to me, in official roles and otherwise, for the past 40 years, and I wish him all the very best in retirement.

Jim has spent nearly 50 years of dedicated service to San Francisco and the people of California. After graduating from American University and the University of Santa Clara Law School, he was admitted to the California Bar in 1974 and went to work for Governor Jerry Brown where he, among other things, made strides in protecting the